## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

		1 Filer ID (Ethics Commission Filers)	2 Total pages file	id:
The C/OH Instruction (	Guide explains how to complete this form.	FIRST ID (Emiles Commission Filers)	2 Total pages me	.cu
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST BOLS  NICKNAME LAST	MI SUFFIX	OFFICE L	JSE ONLY
	Commelius	e:		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #: 0 PO BOX 1598 Geologe		L 02	'18 APR 27 p
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (737) 215-7/64	EXTENSION	Date Hand-delivered of	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	МІ	Receipt #	Amount \$
NAME	Paul	* * * * * * * * * * * * * * *	Date Processed	
	NICKNAME LAST MAHLEUS	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SU  8908 Jolitannow One  Austin, TX 78717		ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (5/2) 484-1259	EXTENSION		
9 REPORT TYPE	July 15 30th day before elec		15th day after treasurer appr (Officeholder (	ointment
10 PERIOD COVERED	Month Day Year 3 / 3 7 / 18	THROUGH Month	Day Year / 25 / 18	
11 ELECTION	Month Day Year Primary  5 / 5 / 2018 Seneral	Runoff Other Description  Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	Cedar Rak	
	go то г	PAGE 2		

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME	B66 6	Sorvetues	15 Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR A SUPPORT THE CANO KNOWLEDGE OR CO	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZ				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,95000			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$					
	4. TOTAL POLITICAL EXPENDITURES \$2668.47					
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	s 311.68			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	s o			
18 AFFIDAVIT		La constant de la con	di un di anti			
	LEANN M. QUINN My Notary ID # 1169243 Expires July 30, 2019	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is rmation required to be reported by me			
		Signature of Cano	didate or Officeholder			
AFFIX NOTARY STAME	SEALABOVE					
Sworn to and subscr	ibed before me, b	y the said Bob Cornelius	, this the			
day of April	1 (19)	o certify which, witness my hand and seal of office.				
Belins.	m.h.	LeAnn M. Quinn	City Sec			
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of officer administering oath			

## MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

<b></b>		
The	Instruction Guide explains how to complete this form.	1 Total page dule A1:
2 FILER NAME	Bob Cornellus	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state_PAC (ID#:	7 Amount of contribution (\$)
3/27/18	Bob Convelius 6 Contributor address; City; State: Zip Code	850000
	12600 Authy Ranch Blud #314 Ceden Conker 7 pation / Job title (See Instructions)  9 Employer (See Instru	8613
8 Principal occu		actions) Agency
Date	Full name of contributor	Amount of contribution (\$)
wel.	Joseph Manzanares	_ 00
45/18	Contributor address; City; State; Zip Code	\$50-
	602 Willow Drive Roswell, Nm 88263	
Principal occup	ation / Job title (See Instructions) Employer (See Instru	ctions)
5,	ales Stryker	Onthopedies
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4/5/12	Bob Cornelius	\$300000
112/10	Contributor address: City; State; Zip Code 12600 Auero Reach Blud #314	year and last -
	ation / Job title (See Instructions)  Cedor Pent Tx 786/3  Employer (See Instru	
Principal occup	ation / Job title (See Instructions) Employer (See Instru	
C C (	10 Degné	es Agency
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
111110	Bob Cornellys	\$25000
7/6/10	Contributor address; City; State; Zip Code	
	Cedan Park TX 78613	
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	ctions)
C	90 Degace	
	1. 7.00	72

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	Bob Cornelius		3 Filer ID (Ethics Commission Filers)
4 Date 4/4/18	5 Full name of contributor out-of-state PA		7 Amount of contribution (\$)
7 1/10	Chally Tipton 6 Contributor address; City; State 3613 Espeio St NE A16-QUELQUE MM 8 pation / Job title (See Instructions)	e: Zip Code	
	pation / Job title (See Instructions) /	9 Employer (See Instruc	ttions)
Date	Full name of contributor		Amount of contribution (\$)
4/13/18	17600 Lucry RANCE Bludt	e; Zip Code 5/4	\$ 15000
Principal occup	Cedaz Pank, TX 78613 pation / Job title (See Instructions)		•
	CEO	90 Dessee	's Agency
Date 4/16/18	Robert Talton Contributor address: City: State 4230 Fox Megdow Land	c; Zip Code	Amount of contribution (\$)
	PasadoNA, TX		
Principal occup	pation / Job title (See Instructions)  AHOANLY	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state_PAC	C (ID#:)	Amount of contribution (\$)
4/16/18	Contributor address; City: State 12600 Away Ranch Blud #319 Ceden Rak, TX 78613	zip Code	\$1000
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
	`EO	70 Degrees	A SENCY
		<u> </u>	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Revised 9/8/2015

### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

The Instruction Guide explains how to complete this	s form. 1 Total pages Schedule A1:
2 FILER NAME BOB CORNElius	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributorout-of-state PA	7 Amount of contribution (\$)
4/17/18 Bob CORNELIUS  6 Contributor address; City: State 12600 Svery RANCL Blud # Codar Pack, TX 78613	3/Jip Code 8450 20
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
CEO	90 Degrees Agency
Date Full name of contributor out-of-state_PAG	
4/21/18 Ray Maccia C Callo  Contributor address; City: State  213 Baylo Caryor Dr. VI  Cedal Bark, TX 78613  Principal occupation / Job title (See Instructions)	Attour of Contribution (\$)
<i>; 1</i>	Employer (See Instructions)
Retined	Retired
Date Full name of contributor    out-of-state PAC   H/15/18   N-10/2 Williams   Contributor address;   City; State   6800 McNe.   Dusing # 430   Dustin TX 78729   Principal occupation / Job title (See Instructions)	, , , , , , , , , , , , , , , , , , , ,
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Accounting Managel	AESS CORPORATION
Date Full name of contributor    Out-of-state PAC	Amount of contribution (\$)  #50
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Defense	US ARMU

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE  21 SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  22 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  3 SCHEDULE B: PLEDGED CONTRIBUTIONS  4. SCHEDULE E: LOANS  5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  5. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS  11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS  \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS  \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS  \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	19	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
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## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

TI	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:	
2 FILER NAM	Bob Cornetius		3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 000	
5 Date 4/17/18	ate 6 Full name of contributor out-of-state PAC (ID#:)  17/18 Richard Abahhan  7 Contributor address: Sity: State: Zip Code 1771 E. FLANK GAD ROTH JEC  CAPPOLITAN, TX 75007		8 Amount of 9 In-kind contribution Contribution \$ description  \$\int_{\int_{\infty}} 250  DA-\infty  \text{Deccess} \text{3}{\text{C}} \$\$  Check if travel outside of Texas. Complete Schedule T.	
. Lew	rupation / Job title (FOR NON-JUDÍCIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's	frincipal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of In-kind contribution Contribution \$ description	
	Contributor address; City; State; Zip Cod	de	Check if travel outside of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
lf	ATTACH ADDITIONAL COPIES OF To contributor is out-of-state PAC, please see instruction			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

7 Contributor address; City; State; Zip Code  600 Congress Audithfloor  10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  11 Employer (FOR NON-JUDICIAL) (See Instructions)  12 Contributor's principal occupation (FOR JUDICIAL)  13 Contributor's job title (FOR JUDICIAL) (See Instructions)  14 Contributor's employer/law firm (FOR JUDICIAL)  15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)  16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  17 Judicial PAC (ID#:  4/2/16 Contributor address; City State: Zip Code				
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  5 Date  5 Date  6 Full name of contributor   auto-state PAC (IDs.	T	he Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:
5 Date   5 Full name of contributor   0ut-of-state PAG (IDA   17 FORD   1 Feat outside of Texas Complete Schedule   17 Fornitoutor address:   City: State: 7 p Code   17 Fornitoutor address:   City: State: 7 p Code   18 Fornitoutor address:   City: State: 7 p Code   18 Fornitoutor address:   City: State: 7 p Code   10 Principal occupation / Job tate (FOR NON-JUDICIAL) (See Instructions)   11 Engloyer (FOR NON-JUDICIAL) (See Instructions)   12 Contributor's principal occupation (FOR JUDICIAL)   13 Contributor's omployer/law firm (FOR JUDICIAL)   15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)   16 it contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)   16 it contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   17 FOO7   17 FOO7   18 FORNITOUTORS   18 FOOR	2 FILER NAM	Bob Cornellys		3 Filer ID (Ethics Commission Filers)
4/4/18 Steph es Abbott 7 Contributor address: City: State: Zip Code 600 CompatS AL (H* Hoad 7,970)	4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 000
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  12 Contributor's principal occupation (FOR JUDICIAL)  13 Contributor's principal occupation (FOR JUDICIAL)  14 Contributor's employer/law firm (FOR JUDICIAL)  15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)  16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  17 If It is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  18 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  19 If It is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  19 If It is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  19 If It is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  19 If It is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  10 If It is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  10 If It is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	4/2/18 Stephe Abbott  7 Contributor address; City; State; Zip Code			Contribution \$ description  \$3000 COMMUN. (ATOM)
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12 Contributor's principal occupation (FOR JUDICIAL)  13 Contributor's interest (See Instructions)  14 Contributor's employer/law firm (FOR JUDICIAL)  15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)  16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  17 If Contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  18 Contributor's principal occupation (FOR JUDICIAL) (See Instructions)  19 Contributor's principal occupation (FOR JUDICIAL)  19 Contributor's principal occupation (FOR JUDICIAL)  10 Contributor's employer/law firm (FOR JUDICIAL)  11 contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  12 Contributor's employer/law firm (FOR JUDICIAL)  13 Contributor's employer/law firm (FOR JUDICIAL)  14 Contributor's employer/law firm (FOR JUDICIAL)  15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)  16 If contributor's employer/law firm (FOR JUDICIAL)  17 Contributor's employer/law firm (FOR JUDICIAL)  18 Contributor's employer/law firm (FOR JUDICIAL)  19 Contributor's employer/law firm (FOR JUDICIAL)  19 Contributor's employer/law firm (FOR JUDICIAL)  10 Contributor's employer/law firm (FOR JUDICIAL)	Principal occ		( )	
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Date Full name of contributor   out-of-state PAC (IDst.   Amount of Contribution \$   In-kind contribution \$   UPC   UPC		,	.0	<b>4</b> , ,
Date Full name of contributor out-of-state PAC (IDF)	14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
Contributor address: Contribut	16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Contributor's principal occupation (FGR JUDICIAL)  Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)  If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	4/2/18	Richard Abraham  Contributor address: Coty State: Zip Coo	de	Contribution \$ description
Contributor's principal occupation (FOR JUDICIAL)  Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)  If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	Principal occ		Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)  If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)	<u> Lu</u>		<u> </u>	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	Contributor's	principal occupation (FOR JUDICIAL)	Contribu	ntor's job title (FOR JUDICIAL) (See Instructions)
	Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.	If			

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

TI	he Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2: 3
2 FILER NAM	Bob Cornelius		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 000
5 Date 4/2/18	6 Full name of contributor out-of-state PAC (ID#:	de J:w,Tk	8 Amount of 9 In-kind contribution Contribution \$ description \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	600 Congress Not 14071 78	701	Check if travel outside of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	Pr (FOR NON-JUDICIAL) (See Instructions)  Professional Section (See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utors job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 4/3/18	Full name of contributor out-of-state PAC (ID#:	de	Amount of Contribution \$   In-kind contribution description
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
	programmer .		
Vote	Process Part principal (ccupation (FOR JUDICIAL)	701	tors job title (FOR JUDICIAL) (See Instructions)
Contributor's	principal∰cctβation (FOR JUDICIAL)	Contribu	tors job title (FOR-JUDICIAC) (See Instructions)
Gontributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	LE AS NEEDED

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Fees Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total page Schedule F1: 2 FILER NAM 3 Filer ID (Ethics Commission Filers) Actington, UA 22201 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Telephone Townhall PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Compeign Marketing Strategies Payee address: City: State: Zip Code 3470 W./ Son Blud, Suite 202 Artington, VA 22201 Category (See Categories listed at the top of this schedule) Telephone DATA Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Payee address: City: State: Zip Code 1904 S. Aystin Ave Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Printing

EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expe Printing Exp Salaries/Wa		Travel In District Travel Out Of Distr Other (enter a cate	ict gory not listed above)
Credit Card Payment		The Instruction Guide expla	ins how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER N	Bob Corne	1-45		3 Filer ID (Ethi	cs Commission Filers)
4 Pate /9/18	5 Payee na	ame with Man Alls	55			
6 Amount (\$)	7 Payee a	S Austral Aut	Zip Code			
8	(a) Categor	96 fo Way 7x 78 (See Categories listed at the top of this	schedule)	(b) Description		***************************************
PURPOSE				Check if travel of	outside of Texas. Complete	Schedule T.
OF EXPENDITURE	Print	508		Check if Aust	in, TX, officeholder livin	g expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		late / Officeholder name		Office sought		Office held
Date	Payee na	ıme		***************************************		
4/16/18	MiNE	te Man Pres.	5			
Amount (\$)	Payee at	He Man Mes.  ddress; City: State;  S. Duston Ave	ک محسد کیا			
		xtown TX 78	<u>476 </u>			
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE					utside of Texas. Complete S	
OF EXPENDITURE	fair)	4.48		L Check if Austir	n, TX. officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	<u> </u>	Office sought		Office held
Date	Payee na	ame				
4/16/18	Ma	11 Chimo				
Amount (\$)	Payee ac	Garess: City; State; 2	Zip Code	, Soita 508	20	
\$10.66	Allen	6.6A 30308	3			
PURPOSE OF	Category EM 4	(See Categories listed at the top of this		<u> </u>	utside of Texas. Complete S	
EXPENDITURE	ESTE	(1 /			n, TX, officeholder living	capellae
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS SO	CHEDULE AS NE	EDED	

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Fees Transportation Equipment & Related Expense Travel In District Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gilt/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) AShley Pospech 7 Payee address: City: State: Zip Code 1904 Corniege Club Price (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE T-SLIKTS Check if Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee address; City; State; Zip Code J-100 Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX. officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Category (See Categories listed at the top of this schedule) Description Phone and Email Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE**

Complete ONLY if direct expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	cal Committee Legal Services Salari	ries/Wages/Contract Labor Other (enter a category not listed above)			
Official of ayringing	The Instruction Guide explains how	to complete this form.			
1 Total pages Schedule F1:	2 FILER NAMED CORNELINES	3 Filer 1D (Ethics Commission Filers)			
4 Date 4/20/18	S Payee name Home Deport				
6 Amount (\$) \$450.68	7 Payee address: City; State: Zip Cod 2100 E White Stone 6	7/10			
-	Cedar Peak, TX 7861.				
8	(a) Category (See Categories lifted at the top of this schedule)				
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE		LJ Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code	е			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code	2			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

#### SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor ut-of-state PAC (ID#:\_ Amount 9 In-kind contribution of Pledge \$ description 7 Pledgor address: City: State: Zip Code Check if travel outside of Texas. Complete Schedule T. 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) Date Amount In-kind contribution Full name of pledgor out-of-state PAC (ID#:\_\_ of Pledge \$ description City: State; Zip Code Pledgor address: Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of Full name of pledgor \_\_\_\_ out-of-state PAC (ID#:\_ In-kind contribution Pledge \$ description City; State; Zip Code Pledgor address; \_ Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Date Full name of pledgor ut-of-state PAC (ID#:\_\_ description Pledge \$ Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED LOANS Date of loan 7 Name of lender 9 Loan Amount (\$) out-of-state PAC (ID#: 10 Interest rate 6 Is lender 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Loan Amount (\$) Name of lender out-of-state PAC (ID#:\_\_\_\_ Interest rate Is lender City; State; Zip Code Lender address: a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none GUARANTOR Name of guarantor Amount Guaranteed (\$) INFORMATION City: Guarantor address; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

## **UNPAID INCURRED OBLIGATIONS**

## SCHEDULE F2

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	*	ins how to complete this form.	onto (onto a ontogor) not noted actively
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	NIZED UNPAID INCURRED OBLI	GATIONS	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address; City; State;	Zip Code	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the	Check if	on travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State;	Zip Code	
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of th	Check if t	travel outside of Texas. Complete Schedule T. f Austin. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CODIES O	E THIS SCHEDIII E AS NEI	enen

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Name of person from whom investment is purchased			
	6 Address of person from whom investment is purchased; City	y; State; Zip Code		
	7 Description of investment			
	8 Amount of investment (\$)			
Date	Name of person from whom investment is purchased			
	Address of person from whom investment is purchased; City	; State; Zip Code		
	Description of investment			
	Amount of investment (\$)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED		

### **EXPENDITURES MADE BY CREDIT CARD**

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (Author a state on until listed above)

Contributions/Donations Made 8 Candidate/Officeholder/Politic		Travel Out Of District Other (enter a category not listed above)			
	The Instruction Guide explains how to complete this form				
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address; City; State; Zip Code				
9 TYPE OF EXPENDITURE	Political Non-Political				
10 PURPOSE OF EXPENDITURE	PURPOSE Check if travel outside of Texas. Complete Schedule T.				
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought H	Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
TYPE OF EXPENDITURE	Political Non-Political				
PURPOSE OF EXPENDITURE		ption ck if travel outside of Texas. Complete Schedule T. ick if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	NEEDED			

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Poilling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how	to complete this form.
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address: City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address: City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address: City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

## PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

#### SCHEDULE H

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (anter a category not listed above)

Candidate/Officeholder/Politi Credit Card Payment	ical Committee Legal Services Sala  The Instruction Guide explains how	v to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip Coo	de	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	Check if travel outside	of Texas. Complete Schedule T. officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Cod	de	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Check if travel outside of	of Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Cod	le	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Check if travel outside o	of Texas. Complete Schedule T. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	IS SCHEDULE AS NEEL	DED

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE !

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name				
6 Amount (\$)	<b>7</b> Payee address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City: State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)			

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

The	dule K:				
2 FILER NAME		3 Filer ID (Ethics	Commission Filers)		
4 Date	5 Name of person from whom amount is received		8 Amount (\$)		
	6 Address of person from whom amount is received; City; State:	Zip Code			
	7 Purpose for which amount is received Check if	political contribution i	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; State:	Zip Code			
	Purpose for which amount is received Check if	L political contribution r	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; State;	Zip Code			
	Purpose for which amount is received Check if p	political contribution r	eturned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; State;	Zip Code			
	Purpose for which amount is received Check if p	political contribution r	eturned to filer		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

						······
The Instruction Guide explains how to complete this form.  1 Total pages Schedule T:						
2 FILER NAME					3 Filer ID (Ethics Commis	sion Filers)
4 Name of Contributor	4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
5 Contribution / Expenditure reported on:  Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1						
Schedule F2	Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-S					Schedule B-SS
6 Dates of travel	7 Name o	f person(s	) traveling			
	8 Departui	re city or r	ame of departure loca	tion		
	9 Destinati	ion city or	name of destination lo	cation		
10 Means of transporta	tion	<b>11</b> Purpo	ose of travel (including	name of conference, s	eminar, or other event)	
Name of Contributor	/ Corporation	or Labor C	Organization / Pledgor	/ Payee		
Contribution / Expend	, ,	on: dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Dates of travel Name of person(s) traveling					
	Departure city or name of departure location					
	Destinati	on city or	name of destination lo	cation		
Means of transportat	Means of transportation Purpose of travel (including name of conference, seminar, or other event)					
Name of Contributor	/ Corporation o	or Labor C	Prganization / Pledgor /	Payee		
Contribution / Expend	Contribution / Expenditure reported on:					
Schedule A2	Sched	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Name of	person(s	) traveling			
	Departure city or name of departure location					
	Destination city or name of destination location					
Means of transportat	ion	Purpo	se of travel (including	name of conference, se	eminar, or other event)	
	AT	TACH AE	DITIONAL COPIES	OF THIS SCHEDULE	AS NEEDED	

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this form.  •• Complete only if "Report Type" on page 1 is marked "Final Report" ••
1	C/OH I	NAME 2 Filer ID (Ethics Commission Filers)
3	SIGNA	ATURE
	ing a re	expect any further political contributions or political expenditures in connection with my candidacy. I understand that designate port as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign utions or make any campaign expenditures without a campaign treasurer appointment on file.
		Signature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER  uplete A & B below only if you are not an officeholder
	A.	CAMPAIGN FUNDS
	Chec	k only one:
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
	B.	ASSETS
	Chec	k only one:
		I do not retain assets purchased with political contributions or interest or other income from political contributions.
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
		Signature of Candidate
5		EHOLDER plete this section <i>only</i> if you are an officeholder ··
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.
		Signature of Officeholder